Lost Hospitals

A CULTURAL AND SOCIAL MEMOIR OF THE NHS FROM 1985 TO 2005.

Neil Garner

NEIL GARNER

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Preface

Introduction.

I am at the point in my life now where not to be maudlin, my best years are behind me. What I see is that I had a life that was not one of great achievement or merit but which nonetheless had human qualities which are hard to come by in the modern age. I had good friendships, I had adventures, I had worthwhile experiences and all within a greater innocence and societal coherence than our present hellscape of a world.

I wanted to have these experiences in the public domain as I think they are invisible to the modern world and that is a loss. What I have is a series of memories; what I need is a framing device and I chose 'the hospital' as that framing device. Some of the hospitals I have chosen I lived at and some I worked at and some are not mentioned. I am not talking about the buildings necessarily, their history or purpose, but what it was actually like to live and/or work in them.

About Me.

I worked as a Registered General Nurse for thirty-three years before resigning my Registration in 2022. Additionally, I completed a now obsolete apprenticeship style training for three years from 1985 to 1988 which is where this story starts, so my total time working in health care was some thirty-six years.

I did have a vocation to do hospital work but there was no great vocation in me to be a nurse. I did my best to avoid it but I was either underqualified for or overqualified for the other hospital jobs and nursing was reasonably easy to get into. This was Thatcher's Britain and unemployment was a big problem in the north, even in wealthy Harrogate where I had been born and brought up so any job was valuable.

Another big issue was finding a job with accommodation as my parents wanted to separate and I needed to be out of the house. Also, I hated Harrogate for how snobby and insular it was but I didn't fancy renting independently so an option like living in hospital accommodation on the Scarborough coastline was much more appealing. Nursing then, was a solution to a problem, but over time I got used to it and found satisfaction in it and so it turned into a career.

The format of this memoir.

This is not an autobiography, it is a memoir, that is a curated collection of personal memories. As such I plan to tell a succession of highly selected stories, accounts, and reminiscences with occasional references and web links to other sources, if available and relevant or interesting. I plan to generally avoid other people's images except for some Bing Maps or Google Street

View screenshots but use a lot of my personal photographs, particularly from the early years, to illustrate the places I'm talking about.

This work only covers the years from the start of my career to 2005. After this point, I left the NHS and worked for the private hospital sector for seven years, which was a somewhat different era in my life. This could provide the source material for a second memoir.

It should be noted that there will be photos of living people sometimes in hospital settings so theoretically there are some confidentiality issues here. What I would say is that the relevant photos were in the eighties and no one will be recognisable. Certain people I will be naming but these will be carefully considered.

This work is meant partly as a small record of an important era in national history which was a key time in the deterioration of our society. Our society *was* better back then and I would expect this should come across in the writing without needing particular exposition. It is also just a personal account. I would hope people would find it informative, entertaining, and, for those old enough, not a little nostalgic.

Nursing at this time.

Nursing in the 2020s is structured by the Agenda For Change pay scales numbered 1 to 8: these grades are all held to be 'clinical'. Student nurses do 3 years at university for a 1st degree much like all other academic students. Hospitals are run by 'Trusts' which are quasi-businesses.

Nursing in the 80s was very different.

There were only staff nurses and sisters though 'seniors'

existed as semi-formal positions. Student Nurses training on three years courses to become Registered General Nurses, Registered Mental Nurses, and Registered Nurses for the Mentally Handicapped (and Pupil Nurses who were Enrolled Nurse trainees on a two-year course) were direct employees of the District Health Authority and were a major element of the workforce. These Health Authorities ran the healthcare for an area. The management grades were called 'Nursing Officers' and 'Directors of Nursing': these replaced the Matron grades.

There were anomalies but generally this is the picture.

The major difference in practice was that ward sisters and charge nurses ran their wards as they saw fit. The Nursing Officers provided support and strategy but the sisters were in charge. This contrasts with today when all practice is top-down and ward managers are disempowered.

Student nurses now focus on the academic rather than the practical and are disconnected from the workplace.

The Trusts that replaced the Health Authorities are revenue-focused bodies run by bureaucrats whereas the Health Authorities were minimal structures simply facilitating the provision of health services.

It did not have to be like this but the changes once understood, do explain our present NHS malaise in a very obvious way.

Chapter 1

Arrival.

St. Thomas's Hospital, 1985.

It was the morning of Sunday, 28th July 1985. I climbed onto a crowded train to York with my single awkward barrel bag for my journey to start my student nurse training. I was excited, I don't remember being scared. My mother waved me off at the platform – holding back the tears as mothers do, despite having told me for the last several years how she would kick me out at sixteen. The train took a route which would become familiar to me over the next three years, changing at York for the very scenic train route to my new home of Scarborough. From Scarborough station it was a straight line down Scarborough's High Street (Westborough, Newborough, Eastborough) to Foreshore Road and my arranged hospital accommodation at St Thomas's Hospital, a rehabilitation Hospital then but historically the 'Royal Northern Sea Bathing Infirmary' – a grand title for a very small hospital.

Being the Scarborough seafront in June there was a definite, traditional noisy seaside holiday vibe. Entering the hospital, there was an immediate sense of quiet as I was taken to my room in the long residential block that stood and still stands almost

hidden at the back of the Hospital. It was a fine large room with a door at one end and a large window at the other end from which you could see the sea over the top of the main hospital, the whole site having been built on an angled cliff. There was a large Victorian sink and an incredibly sturdy wooden wardrobe, made of very thick wood which was plausibly over one hundred years old and built to last another hundred. The accommodation wing was a single corridor divided in the centre by a set of fire doors, with eight rooms in my block with a serviceable bathroom at the end. The other block had a fifties-style kitchen area and a different layout to accommodate the 'matron's rooms' at that end. These Victorian era accommodation blocks always had a noticeable hierarchy built in with the matrons having self-contained, multi-room facilities with en-suites, the nurses having decent single rooms with sinks and the student nurses having plain rooms without sinks. By the 1980's the 'student nurse' level rooms were regarded as substandard and not used. At the rear of the building was a small garden, surrounded by a thick and fairly high stone wall. It had a garden path leading to the large stone staircase which provides access from Foreshore Road to Eastborough to anybody who notices it is there, via a hidden gate of a style usually only seen in the countryside.

Screenshot of St Thomas's Hospital in Bing Maps, 'Bird's Eye view. Note the long accommodation block behind the hospital and the nice enclosed garden. Source https://www.bing.com/maps/?cp=54.282755%7E-0.395309&lvl=19.4&style=g

The building was a fine introduction to my new life.

Exploring further I happened across my fellow 'male nurse' student for the next three years, Dave Curtis. I remember he was playing pool in the common room which clearly from its architecture, was previously built as a chapel. It was a fine room with comfy sofas, a big TV and lots of room. Dave and I got talking and decided we needed to track down the other student nurses who we would be training with and handily, he had a car, a big but old SAAB, which was impressive for an eighteen year old. In due course then we set off for the Nurses' Home at Scarborough Hospital to track down our fellow students.

The Nurses' Home had recently been rebuilt after having been

significantly damaged by a fire set deliberately by a disturbed student. It was thus surprisingly modern and well-appointed. At its centre was a medium size common room where the female student nurses would hang out always in their uniforms for some reason and smoke, watch TV and gossip. We had a friendly reception and an established tradition kicked in where the older students would take the newer ones on an immediate pub crawl to welcome us. So the first pub I went to in Scarborough on my first day there was The Sun, on St Thomas's Road, *which is still there* and looks unchanged. There you go, drinking, smoking, hard socialising: this is your life now. We then hit a couple of other favoured pubs before heading home, suitably refreshed to start our first day of training the following day.

My social life for the next two years was punctuated by social drinking and pub culture. On the subject of smoking, I was a non-smoker on arrival at Scarborough but seeing the lay of the land, I had my first cigarette within a week of arriving. It was at the 'Time and Place' nightclub over what was then Tescos but is now Wilkos, in the Balmoral Centre on Westborough. It was underwhelming. I however had my second cigarette at a party at Dave Curtis's house some weeks later because I was very drunk and just fancied one. The urge never returned and I have not smoked ever since. Drinking was another matter though.

The training course, particularly in its early months was very much something that referenced the ways of the 1950s and before. We did two weeks of basic training and then started modules based on 'medical' or 'surgical' wards which took the form of a week of study before, an eight week placement and another week of study. This pattern was\ repeated four times to form the first year of training. You were therefore working on the wards after three weeks of training. In theory, you were

first years, second years and third years but this is only partly true. The more important distinction was between the 'PTS student' and the 'student nurse'. PTS, standing for Preliminary Training School, was really important to all involved but was cultural rather than formal and really an anachronism even then. For the first six months, you were probationary and after you 'passed PTS' you were a bit more secure. It was signified for the girls by hats, remember, all nurses wore hats at this time. In PTS they wore a ridiculous butterfly hat in the style worn historically by Naval Nurses. On passing PTS they would wear a much simpler flap hat known as a 'hoover bag'. Fortunately, as male nurses, we didn't need to bother with any of this but I still learnt how to fold and starch the hat, just because.

Our training intake was grouped into a cohort known as a 'set'. There were twelve of us: an experienced Enrolled Nurse who wanted to train up to be registered but the conversion course had not been invented yet, so she did the full course. There was an ex-teacher who had started her CertEd but didn't like it so came into nursing; there were us two male students and the rest were school leavers from around the whole of Yorkshire1 from Marske and Redcar in the North to Barnsley and Rotherham in the south.

I only stayed at St. Thomas's for two weeks. While it was a great room and location, my training would be at Scarborough Hospital for the first year and so it was convenient to transfer closer. As it turned out St Thomas's Hospital would be closed very shortly after I left which is not surprising considering how quiet it was there. I only ever saw a handful of staff and no patients. The one staff member I do remember was a gnarled ex-army Enrolled Nurse who spent all his time smoking and moaning about how much better things were during his time in

the military. This was perhaps emblematic of the decline of the hospital after 130 years of service: a remnant of another age.

I relocated to Cherry Tree Avenue, a modern development next to Scarborough Hospital where the Hospital owned a number of the houses. They lacked the character of St Thomas's, the rooms were smaller, the estate was soulless and while convenient for the hospital, they were inconvenient for everything else. The arrangement was that there were three people per house with a shared kitchen and bathroom – very reasonable on paper. I was billeted with two girls: one was a loudmouth Liverpudlian who had a fondness for pig's trotters (a food apparently) which she kept in a creepy jar at the bottom of the fridge. The other was a stuck-up girl from some posh part of North Lincolnshire. She used to have noisy sex with her boyfriend in the room above me: she would repeat 'ooooh Dave!.....ooooooooh Dave!' and I would bury my face in my pillow and try and cover my ears – I hated it.

I took to spending most nights in my girlfriend's room at the Scarborough Hospital Nurses Home. (I had acquired a girlfriend by this point because as you can gather, it was a highly socialised world, things moved very fast and I was surrounded by young girls.) She had a nice room on the first floor immediately above the main entrance but it was much quieter than Cherry Tree Avenue. Technically the Nurses' Home was female only which is why myself and Dave Curtis were initially placed at St Thomas's Hospital while our female peers were all at the Nurses' Home. However, this was not particularly enforced and I remember nodding conspiratorially in the corridor with other visiting boyfriends. This was not tenable long term and at this point, I became aware of Cross Lane Hospital. This was some distance away but it was 'male student accommodation central' and seemed very appealing due to its character and isolation. It

was time to move accommodation again.

Footnote:

1. The county of Cleveland existed at this time but was abolished in 1996. By Yorkshire, I mean 'Historic Yorkshire'.

Links:

Photos of the decayed interior of St Thomas's Hospital, circa 2017
Esoteric Eric: In Accordance with Ordinance (Blog)
https://3soteric3ric.blogspot.com/2017/06/st-thomass-hospital-scarborough.html

Photos of the decayed interior of St Thomas's Hospital, circa 2014
stickymanfrominstagram (Flickr)
https://www.flickr.com/photos/91206568@N05/13870583713/in/photostream/

Chapter 2

Shenanigans.
Cross Lane Hospital, 1986-1987.

> "*The ground floor of the administrative department contains rooms for the medical officer of health, the dispensary, the matron's rooms, nurses' dining-room, and an excellent kitchen and offices. The first floor is given up to bedrooms , or the resident staff of officers, nurses, and domestics, there being nine rooms for the former and six for the latter. The laundry department is also well arranged."*
>
> *HOSPITAL ADMINISTRATION. CONSTRUCTION AND ECONOMICS. SCARBOROUGH HOSPITAL FOR INFECTIOUS DISEASES, The Hospital (Journal) 30th July 1904* [1]

Cross Lane Hospital is a small former fever hospital in northern Scarborough which still exists but has been redeveloped to a point as to unrecognisable from what it was. In my day it housed Adela Shaw ward, the orthopaedic rehabilitation ward for Scarborough Hospital which was housed in a large modern building and Cubicle ward, the infectious diseases unit for

the whole of Scarborough district which was Victorian though adapted with glass panelling throughout. At the front was an administration building with offices and a kitchen on the ground floor and accommodation rooms on the first floor, much as described above: the history of the site is not easily accessible from the Internet except for the document quoted. It was set in spacious grassland with a golf course behind and felt like a country estate but the modern site looks like a prison and is run by a community NHS Trust based in Darlington.

Views of my room at Cross Lane.

View from my room at Cross Lane.

Like St. Thomas's Hospital, I never worked there. This was where the male students generally lived plus a small number of qualified staff who came and went. Male nurses are perceived by the public as homosexual, effeminate and not proper nurses. This was the case then and probably the case now and it is not true (except in Brighton and I will come to that in a future chapter): that attitude is bigotry and discrimination yet is uniquely tolerated, excused and justified by society. It takes a special person to this mental barrier.

I formed a key group of friends there: Dave Curtis I have already mentioned. I'm not sure he ever lived at Cross Lane Hospital as I remember he moved to a private flat in the centre of town; he probably moved there directly from Cherry Tree Avenue. He was eighteen when he started and was the son of teachers in Marske by the Sea so inevitably he was a cookie-

cutter privileged middle-class socialist. His thing was trade unions, anti-apartheid, feeding Africa, drinking in the bar rather than the saloon in pubs and being generally up the workers from a patrician point of view. He was obviously a decent guy and well-intentioned but it became irritating after a while. It sounds really gay now but we went on holiday to Spain together for two weeks early on but progressively had less and less to do with each other. I last saw him working in the Special Care Baby Unit at Leeds General Infirmary: he went on to become an international relief worker rising to Regional Director in the Belgian relief agency Médecins Sans Frontières, known in America as Doctors without Borders.

The second in my group was John Redshaw. He was also from the northern cusp of Yorkshire, this time Redcar and was a university drop out. The story was that he wanted to read history at University but his dad said he would only pay for it if he studied accountancy so he chose accountancy. He promptly dropped out after the first year and chose nursing as something to do. There is a lesson there. He was very much the university student and brought a sense of that shenanigans culture to the group: he always said his bedside table in university was a 'keep left' centre bollard! Also, he had a car, so he was the key transport guy. I think he left nursing shortly after qualifying and dropped off the map. I suspect he now lives quietly in Middlesborough or thereabouts.

The final member of this group was Frank Hardcastle. He was the oldest of us and had in the past had an interesting life. Brought up in Thornton-le-Dale, the sometime 'prettiest village in England', he had joined the Merchant Navy working as a Second Mate for Texaco on oil tankers so had travelled all over the world. They had laid him off though and he was very

bitter about this, ending up working several menial jobs before washing up in Scarborough. He had a certain maturity beyond the rest of us because of these experiences and I think he was very influential on me. I believe he went on to work as a Charge Nurse in Intensive Care in a hospital in Tyne and Wear and is now retired.

Socialising at that time meant drinking, in pubs, every day. Also lots of banter, storytelling and optional smoking but compulsory smoky environments. We did do other things: I remember going to see a new Alan Ayckbourn play at the Stephen Joseph Theatre in the Round (this was the original theatre, not the present-day one at the Odeon site); we went to give blood as a group though there was an ulterior motive here in that we would go immediately to the pub on the premise that we would get drunk quicker having lost a pint of blood. Anecdotally, I can say that this does indeed work. Our favourite pub was the 'Alma' though we frequented a large number of others for variety and occasional pub crawls. The Alma is still there and looks much the same but I visited some years later with my wife and the beers had all changed which was disappointing. We would eat strange seafood there like cockles and winkles, never mussels though for some reason.

Sometimes we would venture into the countryside north of Scarborough like Cloughton and Staintondale and go to pubs like the 'The Hayburn Wyke' in Cloughton which still exists. I remember at the 'The Bryherstones', also in Cloughton I experienced my first 'lock-in', something which felt very transgressive at the time. The thing was, that pub had a very gloomy décor at the time and the lights were dimmed for the lock-in, so suddenly it felt like you were transported back to another century, to the time of highwaymen! As I remember

it back then, it was reminiscent of the cliche Yorkshire pub in the film 'An American Werewolf in London' so it was quite atmospheric. My best time was an occasion when we walked the old Scarborough to Whitby railway line route from just outside Cross Lane Hospital to Hawsker just south of Whitby. We had a fantastic lunch at a pub that seems no longer to be there before heading over to the coastal path and walking back to Scarborough, passing Robin Hood's Bay, a round trip of 32 miles according to Google, so not too shabby.

Many people will mention the 'Three Jolly Sailors' at Burniston when talking about the best Scarborough pubs but that was more popular with the girls so we would go there with the girls for meals out only. Group socialising was often at parties: for me, the most interesting thing about parties was seeing other people's flats all over town and learning the strange etiquette of parties for example, bedrooms were for putting your coats and having sex – potentially some embarrassing situations there if you want to leave early. Similarly, you would see people you knew, incredibly drunk and never be able to see them the same way again while having really involved conversations with people you would never meet again. That said, I always admired the way that gate crashers would be dealt with where all the male party attendees would form up around them, hem them in and make snide comments until they left – no violence, no aggression but totally effective.

Much of the time, of course, we would just stay home, drink from the off-licence down the road and watch TV in the fine, large sitting room described in 1904 as the '*nurses' dining room*'. My favourite tipple was Newcastle Amber Ale, not Brown Ale, *Amber Ale*. It had a blue label and was lighter; in those days you could return the bottle for a 5p refund so we did that and put it

towards more beer. You can't get Newcastle Amber Ale any more and other amber ales are not the same with the single exception of 'Rallar Amber Ale'. I had this on a trip to Oslo: it is brewed in the Ægir Brewery, Flåm, Norway and tastes exactly the same so it must be a special Viking recipe common only to Newcastle and that obscure part of Norway.

Screenshot of Cross Lane Hospital in Bing Maps, 'Bird's Eye' view from before redevelopment. The administration block (1) which housed the accommodation can be seen at the bottom of the site. Adela Shaw ward (2) can be seen at the top with Cubicle ward (3) in the middle. Source https://www.bing.com/maps/?cp=54.296374%7E-0.424578&lvl=19.7&style=g

Screenshot of Cross Lane Hospital in Bing Maps, 'Bird's Eye' view from before redevelopment. The Administration Block close-up, much as it was in my day. Source https://www.bing.com/maps/?cp=54.296374%7E-0.424578&lvl=19.7&style=g

We had a game called 'walking the walls' which involved circumnavigating the room without stepping on the floor: this involved lots of walking on furniture, sideboards and the windowsills with some precarious hanging from wall fittings. The focus of our ire was a framed calligraphy copy of the little-known 'Florence Nightingale Pledge'. We hated this for its pretentiousness and clash with our values and would abuse it. Eventually, the glass got broken in a pillow fight and we contemplated destroying it but eventually got it repaired, much to the relief of the Hospital's Nursing Officer who was most concerned when it disappeared.

Often though it was quiet and I could sit on my own, watch TV and relax and over time the party lifestyle would lose its appeal. I am always grateful though for the experiences I had living at Cross Lane Hospital.

Link:

1) HOSPITAL ADMINISTRATION. CONSTRUCTION AND ECONOMICS. SCARBOROUGH HOSPITAL FOR INFECTIOUS DISEASES, The Hospital (Journal) 30th July 1904,

National Library of Medicine

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5206132/

Chapter 3

The Workhouse.
St. Mary's Hospital, 1986-1987.

The general public sees the NHS Hospital as the local general hospital and maybe some specialist services they have come into contact with. Views of hospital wards and nursing administration may often be coloured by films and TV, especially the 'Carry On' films, and this was very much more the case during the 1980s and 1990s. I hold that this perception was fundamentally incorrect in that the NHS hospital structure was inherently made of *three parts* and the lack of understanding of this by the general public facilitated the closure of those parts of the NHS which allowed the hospitals to function. We nurses protested this loss at the time but the public was misled as to what the results would be.

In those days, hospital services were grouped into three broad categories:'***Part 1 accommodation'*** was acute services, district general hospitals, and regional hospitals – the high profile, high-status front line of care; '***Part 2 accommodation'*** was rehabilitation and long-term care, a so-called Cinderella service, which tended to be carried out separately in the old workhouses and fever hospitals the NHS had inherited on

its inception in 1948; ***'Part 3 accommodation'*** was the local authority residential homes which were not NHS facilities but functioned as an adjunct of the NHS. These required their residents to have surprisingly high levels of self-care ability, for example, incontinent patients would not be admitted. There were also some small nursing and residential homes but these were privately run as businesses and were for the rich.

The Thatcher government of the 1980s and early 1990s changed all this. The entire 'Part 2' estate was sold off, usually for housing developments. Its role would be taken over by the private nursing homes and care at home: this of course failed calamitously. Private nursing homes were overwhelmed and struggled to make enough profit to run care. Care at home was often 'neglect at home' as community services would never have the resources to provide a true alternative to hospital care. Local authority residential homes severely dropped their standards and became nursing homes without nurses. These problems then caused a backflow to the acute hospitals creating the phenomena of 'bed blocking' which has plagued the NHS ever since.

I understand that the country was broke at that point but this selling off of the family silver was presented as progress and improvement: this was an outrageous lie. Not only did this destroy the functionality of all NHS hospitals forever but it destroyed the soul of the hospitals, which is what I concentrate on and try to convey in this memoir.

This brings me to St Mary's Hospital, Scarborough. Situated on Dean Road, this was the old Scarborough Union Workhouse established as a response to the Victorian Poor Law of 1834. Its history is outlined on Peter Higginbotham's excellent website, Workhouses.org.uk1, which also has some pictures showing

the exterior of the building as I saw it. By my arrival, this was the main 'geriatric hospital' for the borough, also housing all local psychiatric services. I worked for eight weeks each in the elderly care and psychiatric wards. Previously it had a small community maternity unit but this had been converted relatively recently to care for the elderly mentally ill, known at the time as psychogeriatrics.

In other words, this was a slightly scary and low-status place housing all the pariah specialities. The reality was more mundane. The building having been designed as a workhouse, was a maze of alcoves with beds in them. Occasionally there were incongruently large rooms, usually converted to day rooms with large armchairs lining the walls. Residents were old, frail and had often given up; some but not all were waiting to die. Most had urinary catheters and pads held by Netelast knickers as strangely 'adult diapers' were not a thing back then. Often they had large ulcers or pressure sores leading to a pervasive smell of dead flesh. A smaller number were bed bound, occasionally being manhandled out of bed for short periods. Dressing in day clothes was encouraged but time-consuming so was hit and miss. There was a single large 'workhouse infirmary' type dormitory at the back of the building where there were about forty people who were warehoused in beds about six inches apart. Two nurses, always fat, would make their way down the ward periodically with a trolley, changing the sheets of the patients. It was sordid and depressing.

Working at this place was regarded as punishment and it was obviously pretty grim but many of the staff were positive. Obviously, the environment was hellish in many ways and the environment was undoubtedly unsuitable but at least there were always qualified people on hand and care was provided. What

replaced this in practice was rarely an improvement, if it existed at all.

The mental health unit was better. I was fortunate that while in many hospitals at that time, students were placed on the rather soul-destroying psychogeriatric wards, students at Scarborough went to acute psychiatry wards with people freshly admitted with a range of conditions such as depression, addiction, eating disorders and schizophrenia. People with major behavioural problems or long-term management issues went to the more brutal Clifton Hospital in York, so we had only the more manageable patients. Patients slept in two long separate but adjacent wards, one male and one female. The day would be spent sitting around, playing board and card games, chatting and smoking. Here I learnt to roll cigarettes and buy cigarettes, even though I don't smoke. This would be interspersed with odd rounds of occupational therapy sessions, cooking, art and suchlike. I don't remember any actual psychotherapy. Depression was treated by ECT (Electro Convulsive Therapy) which people envisage as horrific and a kind of torture but it was actually quite civilised. It was done under anaesthetic and with a muscle relaxant so there was no real shaking or trauma visible. Afterwards, they were given tea and toast and though a bit sleepy appeared the same. It was considered an effective treatment which saved lives. In those days, the suicidal famously jumped from Valley Bridge near the Scarborough seafront and this was regarded as a treatment failure, the names of recent jumpers being scoured by the staff to see if they were known to us. This is why Valley Bridge now has a hideous cage along its sides.

This was Bob, one of the Charge Nurses.

This was the unit manager.

Christmas day at the workhouse.

Those were very different times.

As I was there over Christmas, I was able to experience the hospital pantomime, because that was a thing back then, particularly in psychiatric units. The hospital had a large hall with a stage and they put on a full pantomime with all the senior managers and charge nurses dressed up as classic panto dames with heavy makeup, big frocks and silly voices. All the patients and staff attended and it was surprisingly good. On Christmas day we all had Christmas dinner together in a large dining room, pulling our crackers and wearing party hats. It was Christmas Day in the Workhouse but it was not Dickensian.

Around this time I used to hang around with the 'Young Socialists' which was the youth wing of the Labour Party at the time and I was introduced to them by Dave Curtis who was probably a member. I was never a member though that didn't seem to matter. I was not particularly interested in politics at

the time but I explored a few social activities and these people were quirky and had what seemed at the time to be a good moral base. There were only three of them. Their main interests were the excesses of the Thatcher Government, ending apartheid in South Africa and above all, criticising the Trotskyist group, Militant! Wikipedia says Militant ran the Young Socialists2 but this was not the case in Scarborough. The highlight of my time with the Young Socialists was hiring an old Volkswagen Type 2 caravanette to drive down to a demonstration in London, organised by the unions to fight hospital closures. It was a slow trip down the A1 as there was a wooden block under the accelerator. Once in London, the demonstration started on the Embankment and finished with a rally in Hyde Park. It seemed to be a huge demonstration but there is no record of it I can find on the internet and no reference to hospital closures being opposed at that time. It seems we were not loud enough. We held another smaller demo in Scarborough town itself. My main recollection of that was doing the 'Maggie, Maggie, Maggie...Out! Out! Out!' chant with one of the Young Socialist comrades and being told not to, as it would upset the locals - not exactly a communist revolution.

The big demo in London and our smaller demo in Scarborough.

There are broader issues as regards the wider NHS but as far as the British hospital goes, this I would say was the most important time and it is unknown to most people. There is a general understanding that the hospitals deteriorated after the Thatcher years but the cause is always underfunding rather than political mismanagement caused by bad choices and a misrepresentation of the solutions to very obvious problems. I have not been shy of describing the wretchedness of these places but the solutions implemented were reckless and have crippled the whole sector as well as being deceptive as to the true nature of the actions taken. These hospitals were sold because the Government wanted to profit from the sale of the land, it was not some great well-meaning reform. The problems were transferred to other then functional institutions to adversely affect a whole sector. The favoured solution became a modest investment funded by debt and overseen by managerialism. The human-scale structures and community ownership were gone forever. We tried to fight it with the meagre resources at hand but we failed and now it has been forgotten and memory-holed. It could have been done in a much better way.

Links:

1. Scarborough Union Workhouse

The Workhouse in Scarborough, Yorkshire, N. Riding (workhouses.org.uk)

https://www.workhouses.org.uk/Scarborough/

2. Young Socialists

Labour Party Young Socialists - Wikipedia

https://en.wikipedia.org/wiki/Labour_Party_Young_Socialists

Chapter 4

Specialities.
Scarborough Hospital and Community, 1987-1988.

The view from my room in the Nurses Home at Scarborough Hospital, Circa 1987

As time went on I withdrew from the party lifestyle and focused more on the work. Following St. Mary's Hospital, I had my various community placement and these are worth discussing as they were spread through the length of Scarborough district from the countryside heading up the coast, down to Cayton Bay in the south. There were four separate placements of varying lengths: District Nursing, Health Visiting, Community Midwifery and Children. The main value of this for me, was just to visit other people's houses and the takeaways were more often social insights than technical ones. The community nurse would usually pick us up in the morning and we would drive up and down the town visiting residents of all backgrounds: I was usually just there to observe so it was an 'easy' placement depending on who you were with. The Midwife was a bitch, everyone else was okay.

My recollections form an interesting list of the whole range of Scarborough society. An early visit was to a lady who appeared to live on her own in a valley somewhere between Hackness and Harwood Dale. It was so isolated, to access the property you had to drive up the river bed. This is so bizarre I think it requires some explanation: the set-up appeared to be that there was a roadway but this flooded periodically such that the road functioned as a river bed. The nurse I was with had a Citroën with pneumatic suspension, so she would pump this up before entering the water. Once reaching the property, it was basic but very well kept and had plenty of small outbuildings so seemed very liveable. It was the summer of 1987 and in the sunlight, it looked like a cross between 'Rivendell' and 'The Shire' from JRR Tolkien's works.

Another large and impressive house we used to visit belonged to two old unmarried sisters and had a fantastic view of the

North Bay looking towards the castle. They had both lived in India during the Raj and had grown up with servants, so they struggled to look after themselves. They had had a burglary when a large picture was taken from their sitting room, but had not noticed apparently for several days: you could see the shadow where it had been. By contrast, I remember visiting a large house in the middle of a field on the coastline. At the bottom of the field was the North Sea, that is how close it was to the coastline. Their grandma was bed-bound in a back room and the family was not friendly and didn't talk to you so it was like visiting a cliché, creepy group of rednecks: we got straight in and straight out for those visits.

The town tended to show more social deprivation. I remember we visited an old lady to change her leg ulcer and I was advised in advance not to sit down in the house, even if invited. She had cats and she would let them pee everywhere so the house stank of cat urine. We didn't challenge her about this. A lot of people we visited lived in flats in the centre of town in some degree of poverty while people on the Eastfield estate, known for its social deprivation, did not seem so bad: at least they had houses.

My 'paediatric' placement was quite different taking the form of a stint in a playgroup and a stint with a 'new mother'. The 'new mother' placement was interesting as it was so ripe for abuse, being that your 'training' was in the hands of a civilian. This new mother though was quite sensible, had several children and had experience of doing the same sort of thing with nursery nurses. The husband was more wary though and I ended up mowing the garden for them, mostly to placate the husband. Much modern training follows this model and I wonder how issues like this have been addressed, if at all. This was in the village of Cayton, known for Plaxton's coach builders and

McCains oven chips and so forth. It was a fine village to spend time in and Cayton Bay is the most unspoilt beach on the North Sea coast.

My hospital placements proceeded solely at Scarborough Hospital after this point so I moved to the nurses' home there for convenience. Here I had a number of placements but the key one became orthopaedics.

The story of how I came to orthopaedics is curious as it was not planned: originally I was due to do gynaecology as a 'specialised surgery' placement but I reckoned that was silly as I was a man and petitioned the School of Nursing to do orthopaedics instead. Margaret Arnall, the Australian Director of Nurse Education also reckoned gynaecology was silly for me (though her job required her to think it was a good idea) and enjoyed the excuse not to put me there. I liked it and at the end of my training requested to have my final placement in that speciality. Orthopaedics was and is a mix of planned operations like hip and knee replacements, and trauma so road accidents and little old ladies falling over. It had a reputation for being 'heavy' as a speciality due to all the manhandling of people required but Chestnut ward, the orthopaedic ward at the time, had a good reputation for being well organised, often because 'difficult' patients could be transferred up to Cross Lane Hospital to the rehabilitation ward there. Being well run meant lots of routine: there was a two-hourly 'back round' where staff would go to everyone and spray a white protective product on all the bed-bound patients' sacrums and heels. No one ever got pressure sores. Looking back, while the effectiveness of the practice was attributed to the expensive magic spray, it is apparent that it worked because the patients had to be moved to apply the spray and this is what actually prevented the pressure sores. I thought

this was very telling of how nursing often works.

The ward sister was a formidable character called Enid Hodgson and I think she shaped a lot of how I practised management and leadership throughout my career. She never appeared to actually do anything too conspicuous: one senior staff nurse would write the off-duty shifts and another would do the teaching for the students. She would however go around every patient, every day with a little trolley for paperwork and see what was going on with them. She would also do all the consultants' rounds. If she was not there she had a deputy and would spend a lot of time just talking to the senior staff about what was going on. The technique seemed to be delegate but keep control, know exactly what was going on and don't micromanage.

I liked this organisation and I liked the routine. In those days if you had a hip replacement you were in for two weeks and a knee replacement was three weeks; broken legs were at least six weeks so you really got to know people, many of whom were my age. I remember one of these patients, who fell off his bike and was in traction for six weeks, lent me a tape of Yngwie Malmsteen: I saw him back on his motorcycle after he recovered, still wearing the severely ripped leather jacket from his accident because well, why change it? I remember another young man was a refuse collector and had his arm ripped off after falling under the truck. He played the drums and his parents obviously in some sort of denial said of course he could carry on playing the drums: he was more pragmatic even though he was only nineteen. It seems young men were more resilient back then. This was before Rick Allen of Def Leppard actually did manage a career as a professional drummer with exactly the same injury.

The technology at the time was also very different to now. The Thomas Splint, a World War One technology was the normal

treatment for a fractured femur, usually with skeletal traction. This required a gamut of now completely archaic skills, which I duly mastered and look back on fondly now. I remember one young patient who would have hallucinations from his morphine injections and would climb up on his feet in his traction bed imagining he was a bomber pilot in the war. This was a problem as he had a broken femur and was in full traction. The consultant suggested we give him a Tobruk splint: the Tobruk splint1, is a Thomas Splint wrapped in plaster of Paris and devised during World War Two to evacuate injured soldiers. It worked really well, mostly due to its weight. There was another man who came for a new hip replacement to replace one he had had in the 1930's so fifty years previously. A modern hip replacement by contrast is held to last for ten years on average. I saw the X-Ray and it was a beautifully engineered prosthesis made of solid steel; the patient remembered he had been in plaster for months after the surgery.

These experiences across two placements forged a twenty-five year career, but I believe they were always at the core of what drew me to the speciality and why I stayed within it so long. Looking back though many of these skills and practices are in the realm of the historical artefact, yet are worth remembering for their effectiveness and for the contrast with the high turnover and superficial nursing practice that evolved to replace it.

Links:

1. The Thomas Splint
https://www.rjah.nhs.uk/media/qmjhtqh4/the-thomas-splint.pdf

Chapter 5

Gateway to London.
Newham General Hospital 1989.

I finished my nurse training in 1988 and after a brief stint at Leeds General Infirmary as an agency nurse, moved to East London to pursue my career in orthopaedics. The East End as I experienced it was very much between the old and the new: the cliché 'East End' was clearly dying yet the present multi-cultural paradigm had not yet formed. Primarily it was just poor and run down.

Front and back of Newham Hospital as it was in 1989. It is a lot more built up now.

Moving to London seemed exciting and dynamic at first. I had frequently visited and liked London and there were far more opportunities there than in the North. Newham General Hospital was modern and built to the same design as the new parts of Scarborough Hospital so I went from one orthopaedic ward to another orthopaedic ward with exactly the same layout, despite being on opposite sides of the country. Similarly, the accommodation was much the same as back at Cherry Tree Avenue many years earlier.

The desolate view from the window of my accommodation. This land has further hospital buildings on it now plus some new housing.

I look back on it though as a deeply depressing time as the environment was isolating and lacked any charm, while the ward leadership was bizarre and semi-feudal. The ward manager was a man called Stephen Gregory. He held a grade higher than Charge Nurse because he ran two wards: West Ham ward which was the orthopaedic ward and East Ham ward which was orthopaedic rehabilitation. However, he functioned as a feudal overlord and ran things using a patronage system based on personal service to him: he would hold court in the changing rooms at the entrance to the wards where those in favour would sit close to him and those out of favour would sit at the bottom of the room or be excluded from it entirely. This led to the most sycophantic courtiers being allowed to get away

with unprofessional behaviour while those out of favour were bullied. Stephen was an interesting person: he had a degree in philosophy with a view to joining the Roman Catholic priesthood but had not been successful as a seminarian. He had then used his degree to do the shortened two-year Registered General Nurse qualification at The London Hospital Whitechapel, ending up at Newham as a Charge Nurse. He remained however very Catholic to a degree which would be counted as unprofessional today: he had an ornate bell fitted behind the ward desk which would be rung at 6 pm for the Angelus; his acolytes could be recognised by the Miraculous Medals pinned to their pockets. When he spoke to you he would roll his eyes and speak in an odd tone: he was genuinely disturbed but this was all deemed okay in this hospital because he was the boss and he did his job. He was eventually fired by the Hospital for racism which I don't agree with: he was not racist but I suspect a case was concocted to get rid of him for his deranged personality.

I mitigated the worst effects of this by transferring between East Ham and West Ham wards: East Ham, the rehabilitation ward was under Stephan but was protected from his worse excesses by having its own ward sister who was normal and thus formed a protective barrier. That said, being rehabilitation, it was very heavy and grim work. It was the only place I ever saw someone die of gangrene: normally this would be treated but for some reason on this occasion it was not. When someone dies of gangrene they are slowly poisoned by their limb which is dead but still attached to them. The limb in question being dead is black, cold, collapses and crackles when you touch it; it smells of decay. It is a wretched, medieval way to die.

The staff were strangely tribal in those days in that many had come from other hospitals and were angry and bitter about the

closure of their previous workplaces. Nowadays in the East End, you only have two hospitals: The Royal London Hospital in the west and Newham University Hospital in the east. Historically though there were lots of little hospitals which had their own cultures and these were all transferred to Newham General. St Andrew's Hospital in Bow[1].

was a particular instance of this where a 297-bed hospital was wound down and transferred to a new site which had its own culture and staff, resulting in a lot of backbiting and negativity.

Most of my memories though are of the area itself. Plaistow where the Hospital was located was not really a place, more it was a stop on the District Line with some houses. For basic shopping, you went to Upton Park where the West Ham football ground is. The only real high street was East Ham which had all the banks and slightly better shops. It was all very low rise and mostly Victorian but when there was a tower block it was huge, ugly, cuboid and thirty stories up or more. One time I went down to Silvertown to see what was there and found nothing, it had no people: it was like being in the countryside but in a totally urban landscape. I stood on the banks of the Queen Victoria Docks and there was no one or nothing there either. This is the area which now houses the Excel Centre with London City Airport nearby so I presume there are some people there now but at the time it was a big zombie apocalypse-type landscape, if slightly cleaner.

The population of East London at the time were very diverse: not like today but actually diverse. There was a tale end of actual cockneys that were slightly less than the overall majority but always fairly old. The young people were usually from somewhere else and the ethnic minorities were a genuine minority then, not from anywhere in particular except Mauritius, which had a tradition of supplying nurses to the UK at the time. I presume

there were some Muslims but in those days Muslims dressed like Westerners and so I can't distinctly recall any. We had some Australians; I remember going to one of their houses and they lived in this dark, damp East End slum with tiny rooms which seemed incongruous for Australians whom you associate with sunny beaches and open spaces. They remained upbeat about it though.

At a work night out in Bethnal Green with the staff from East Ham ward at the time.

One time with these same Australians I went on a Saturday night to the Ruskin Arms in East Ham, famous as an early venue for the rock band 'Iron Maiden'. This was an interesting place: the front was a regular East End pub but you entered a door to the back to find a large room, entirely painted matt black. In one corner there was a small stage and in the opposite corner was a small

extension to the bar; there were some tables and chairs spotted around but the area around the stage was clear. The entrance for the toilets were really close to the stage which seemed like a bad idea; I tried them and they were not as bad as you would imagine. I remember I decided to walk home from there, obviously very drunk, and being vaguely aware of fights breaking out around me on the way. I just carried on walking reflecting later that it was Saturday night in East London and what did you expect.

I also used this time to get to know central London intimately. In those days the number 15 bus, a proper Routemaster, went from Plaistow all the way to Ladbrook Grove via the City. I would buy a One Day Travelcard and take prime position at the front of the top deck getting off at the Strand or Oxford Street. I didn't really go anywhere the aim being more to be able to navigate without having to refer to maps and this proved useful in the years that followed. I enjoyed the bookshops on Charing Cross Road and Dillon's on Gower Street: these exist today but were just better back then. Dillons was particularly special but since Waterstones took it over and made all the upper floors focus on academic books, it has certainly lost something. I would always return on the District Line from Embankment as the buses would be too busy.

Wanting a career in orthopaedics and also wanting to escape from this hell hole, I looked to do the specialist orthopaedic course which was the ENB 219 Certificate at the time. This was a one-year course which you did as an employee on a short-term contract. Stephen Gregory, being the strange Catholic fetishist that he was, had a record of placing people on the course run at St Vincent's Orthopaedic Hospital, Eastcote, run by a Catholic order of nuns called the Daughters of Charity of St Vincent De Paul, which I had never heard of. He supported and encouraged

my application and after a comically informal interview, I got a place to start in October 1989.

Links:

1. St Andrew's Hospital, Bow, London E3

Lost Hospitals of London https://ezitis.myzen.co.uk/standrewsbow.html

Chapter 6

Oasis in the wasteland.

St Vincent's Orthopaedic Hospital, Eastcote, 1989 - 1991

This is the first hospital I have written about that actually has a book written about it, plus there are a reasonable amount of other online records of it. My perspective will therefore focus on the point of time I was there at which was clearly past the glory days but before the stage of managed decline. My perspective is particularly coloured by two things: firstly that I met, courted and proposed to my wife at the hospital: I proposed on the cliff overlooking the golf course within sight of St Vincent's ward, as it was the most scenic place I could think of. Secondly, the change of environment was such a contrast and relief from Newham as to be a personal renaissance; the rural environment set on the edge of 726 acres of ancient woodland, the nice people, the relatively easy work, the huge accommodation, it made life worthwhile again.

This is the iconic entrance that you would see on arriving at the hospital. You can see the chapel on the left.

At the point I started, the clouds were starting to form though the Hospital was still viable. Holy Child House, the disabled children's unit had recently been closed as the provision was moved to a modern facility in Ruislip. Similarly, the female orthopaedic ward, St Theresa's, had closed suddenly due to a large crack developing through the middle of the ward, leading to the female patients being moved to a partitioned St Vincent's ward. This all happened in 1989, leaving only the Private Block, St Louise ward, St Vincent's ward and St. Mary's ward as functional units.

Private Block was a small private unit with modest private sector type features, used mainly by the genteel set of Northwood. The best thing about it was the food which was so carefully prepared, the Head Chef would come to the ward

kitchen before lunch and just titivate the food to make sure it was perfect. St Louise ward was used for post-operative patients overnight and some day cases. St Vincent's ward was the elective orthopaedic ward for hip replacement, knee replacements and back surgery; there were small numbers of other cases notably professional dancers. Mr Howse, our chief surgeon of sorts who impressed everyone by having a hip prosthesis named after him, was Surgeon to the Royal School of Dance; he would bring in these dancers with their strange stress injuries who would then impress us by exercising on mats within half an hour of their surgery. Finally, there was St Mary's ward which was just long-term care and probably the heaviest ward I ever worked on; it was regarded as a punishment block by nurses who 'helped out' there. Additionally, there was a physiotherapy department that did good business, an Out-Patients Department, a single operating theatre, a one-woman occupational therapy department and of course the School of Nursing.

There were several abandoned wards in various states of decay: St Michaels ward at the far eastern edge of the hospital, had the old wood-built structure visible in the older photographs. It looked like it had not been used for decades but still had its old bed frames in it. St Paul's and St Ann's wards looked in good repair but were tiny; I remember sitting on a park bench on the St Anne's veranda at night and being able to see the planes take off at Heathrow. It was a magical, otherworldly vista. From St Vincent's ward you had a closer view of Harrow on the Hill church and from the cliff at the back of St Vincent's ward you had a nice view across the valley to Mount Vernon Hospital in Northwood but the view from St Anne's was by far the most spectacular.

St Anne's ward was known as the 'Walk Fund' ward and had functioned briefly in the eighties to fit Reciprocation Gait Orthoses' to people with spinal injuries. The story is that in December 1980 PC Philip Olds was shot and paralysed during an off-licence robbery in Hayes. The Daily Mail started a fund to raise money for one of the RGO braces for PC Olds who lived in Pinner, and by extension for other spinal injured people so they could 'walk'. PC Olds reportedly never got on with the brace and killed himself in 1986; I am shocked this story does not have a Wikipedia page. St Ann's ward continued to function afterwards for a small number of other paralysed people, but I was only aware of it being used once during my time at the hospital. Holy Child House was dormant during my time there, later being renamed and converted into an elderly care ward. St Theresa's ward always looked perfectly serviceable; I heard the girls used its veranda for topless sunbathing in the summer but this may be a legend.

Male staff who 'lived in' stayed in a designated 'Men's Home', a unique facility; the doctor had his own house. My room was huge as historically it had accommodated four people, with full-length windows making it really bright. The female staff lived on the top floor of the administration block which house a dining room and large sitting room. In the daytime, the staff would use it as a break room, but in the evening you had it to yourself as no one seemed to use it very much. There was a chapel mostly used by the religious sisters and a 'Sister's Home' which was more or less off limits to everyone else where the sisters would live their consecrated lives, even after retirement.

This brings us to the nuns themselves, who would always describe themselves as 'not nuns' but 'religious sisters' as they were not contemplative. I would say there were only about five

sisters in post but they held key positions. Sister Carmel Cussen was Matron: she was Irish, tall, thin, serene and softly spoken. Sister Claire O'Driscoll ran the School of Nursing, she was a quirky Irish Sister from Cork who was a superb teacher who specialised in training you up for the old pre-ENB Orthopaedic Nursing Certificate (or Diploma for Enrolled Nurses), that is, a higher standard than needed. She had little sayings like "you don't need to know that, you need to know this and you need to know this but you don't need to know that." She was making the point that you can't know everything but some things are important. Similarly, she would say, "you have to own it..." by which she meant some knowledge needs to be internalised and not just learnt. You don't get that sort of wisdom from modern-day university lecturers. Sister Pauline was the former ward sister of St Vincent's ward but when I was there she was a duty sister covering the whole hospital. I remember one time she took all the commodes onto the veranda of St Vincent's ward and joined the nursing auxiliaries in scrubbing them: I defy you to find any modern nurse manager who would do such a thing. Sister Christine was the queen bee in the out patient's department: she was rather a scathing woman but I did not need to spend too much time with her, which was good.

There were also some memorable secular staff. Mr Chart was the Night Charge Nurse and was like a male Sister Carmel: He was tall, thin and softly spoken but came across as creepy perhaps because of his habit of spending the night alone in the darkness of the recovery unit watching the courtyard of the hospital for 'goings on'. We also had Irene Haywood Jones as a tutor in the School of Nursing who was a reasonably well-known nursing author and was on the editorial board of Nursing Times magazine. She seemed over qualified to be with us but I expect

it was convenient for her as she lived at the bottom of Wiltshire Lane. She later went on to do her Master's degree and became a lecturer at Brunel University.

My group in the main classroom of the school of nursing.

There were eight of us on the course: other than myself, three from Ireland, two of whom had trained together, one local girl, one who was set on work in America, a Welsh nurse who had worked in Australia and promptly went back there and a Muslim girl from Singapore who went to Watford General Hospital after the course. The study weeks were strangely leisurely as we would do the hard stuff in the morning 'when we were awake' and then go upstairs to the library in the afternoon to watch educational videos and do undemanding things. We would also visit other facilities for the day: I remember going to the Royal Nation

Orthopaedic Hospital in Stanmore but have no idea what for. A particularly memorable visit was to Stoke Mandeville Hospital's National Spinal Injuries Centre in Aylesbury, an interesting place full of grumpy young men. Men get angry when they become paralysed and they don't like visitors. In a stairwell, we met Jimmy Saville who is now the country's worst ever paedophile but at the time was well known for 'helping out at the hospital' as well as being someone I had seen on the TV repeatedly my entire life. He stood there in his yellow tracksuit and chatted with us for about five minutes; he wasn't creepy or weird. I was impressed by the way he seemed so like his TV character and thought 'he must be genuine'. How wrong I was! I have often looked back on that moment and pondered how easily evil disguises itself.

Our course graduation celebration. Sister Claire and Irene Heywood Jones are pictured.

The placements were at Hillingdon Hospital except for Rheumatology which was at West Middlesex Hospital. We did Trauma, A&E Minors, Paediatrics and Plaster Room, all decent size placements. As we were all qualified staff nurses we were treated well and the placements were top quality. At St Vincent's Hospital, we had placements on all the open wards and departments and on qualifying, I took a staff nurse job on St. Vincent's ward. Unfortunately, the running down of the hospital was progressing inexorably and took the decision to leave in the summer of 1991.

The hospital limped on towards its eventual final closure. The Nursing Home that replaces it may occupy the site and claim the legacy but it has none of the charm. St Vincent's remains

the time in my life when I was happiest.

Links:

The official history of the Hospital written by a former Director of Nursing. The Amazon comments are particularly evocative.

Jacquie Scott (2014) The Hospital on The Hill: A Century of Care - St Vincent's Orthopaedic Hospital Eastcote

https://www.amazon.co.uk/Hospital-Hill-Vincents-Orthopaedic-Eastcote/dp/1841655694/ref=sr_1_1

Historical outline but has some of the best publicly available photos.

St Vincent's Nursing Home website, history page

https://svnh.co.uk/history

Parliamentary question from 1999 about the future of the hospital

John Wilkinson MP, Hansard

https://api.parliament.uk/historic-hansard/commons/1999/jul/14/st-vincents-hospital-middlesex

Some nice historical photos.

St Vincent's Home for Roman Catholic Crippled Boys

http://www.childrenshomes.org.uk/PinnerStVincent/

Chapter 6 Appendix

Chapter 6 Appendix : Image Gallery.
Images from my 2016 website.

In 2010 I went up to the hospital site with my wife and children for some nostalgia. We were both gutted. Obviously, we knew about the redevelopment but expected some remnant of the original hospital to remain. What we found was not only no remnant but a scouring and grassing over of the west side of the site *as if the hospital had never existed there.*

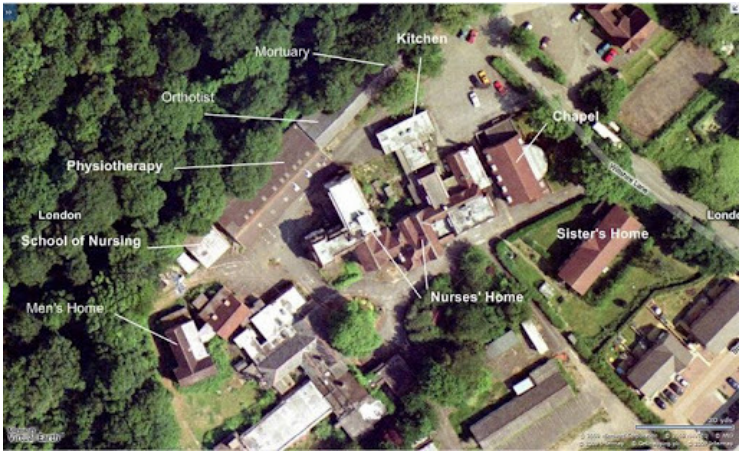
This was horrible and traumatic; it was like your fondest memories had been expunged from existence. Some years later I created a simple Google Sites web page to memorialise the Hospital using annotated screenshots from Bing Maps which preserved the layout plus some personal photos. This site was taken down when 'old' Google Sites became 'new' Google Sites but I will reproduce the key elements of this website here as part of my Lost Hospitals project.

This was the view we saw when we visited. We went out into the field but still could find no evidence of the previous ward's presence. Source – Google Maps

In contrast here is a view from the window of the Nurses' Home showing St Vincent's ward and the first floor of St Mary's ward in the background. The Doctor's House is to the right. The orthotist's hut on the left had all sorts of weird, ancient orthopaedic equipment visible through its windows, from days gone by.

A later view shows the complete eradication of the site. Source – Bing Maps

North Side



This shows the layout of the main part of the site. Source – Bing Maps

Nurses' Home This housed the nurses' accommodation on the first floor. The ground floor however was where the hospital reception and admin rooms were as well as the dining and common rooms. I would often come over here in the evening to watch TV as it was just like a large sitting room in someone's house. It was a fine old building.

Sister's Home The only one of the original buildings still standing.

Chapel This was the 1962 Chapel built after the original was bombed in the war. It was a lot bigger and nicer than the one that stands there now.

Kitchen Best hospital food ever. The Chef used to come over to the private block to titivate the food, that was the level of attention to detail.

Mortuary This was a small brick shed. I never went in and I think it was probably obsolete by the time I arrived.

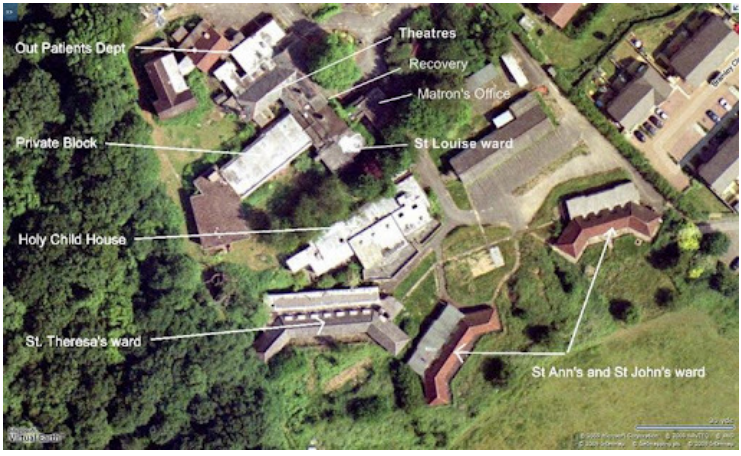
Physiotherapy This was one of the most successful parts of the hospital and took a lot of outpatients. It was a good size physio department with a smaller occupational therapy department to the left side.

The School of Nursing Where I did my orthopaedic course. It

only had one classroom, a small library and an office.

The Men's Home Where the male staff (other than the Resident Medical Officer) lived.

South Side



Most of the business end parts of the hospital were here in one building. There was only one theatre.

Private Block Somehow the core ward of the hospital as it never closed, unlike St. Vincent's ward.

St Louise ward The day case and 'recovery' ward. There was a theatre recovery unit but major cases stayed here overnight so they didn't have to immediately transfer to other wards in the snow, rain etc.

Holy Child House Where the children with profound disabilities were. This was later renamed Franklin House and became a nursing home-type facility.

St. Theresa's ward Traditionally the female orthopaedic ward, this closed in 1989 after developing a large crack down the middle of the ward.

St Ann's and St John's wards Not quite sure which one was which. Anyway, the top ward was the home of the Walk Fund and the Reciprocating Gait Orthosis. This was supposed to help the spinally injured walk and was a big deal for about ten minutes in the eighties. I don't think it worked.

East Side

This is the home of the main NHS wards. This is a field now. Source - Bing Maps

St Vincent's ward This was traditionally the male orthopaedic ward and was the main NHS ward of the hospital. It had a fantastic view over the south of the borough and always seemed to do good business. In my day it was mixed sex, men down the right and women down the left. Occasionally we would roll patients outside on their beds onto the veranda.

St Mary's ward Where the multiple sclerosis and similar chronic disease patients were nursed. The definitive 'heavy' ward.

St Michael's ward. Long derelict even in my day, a wooden pavilion ward full of laid-up ancient beds. Probably a wartime structure.

Gallery

Nurses in the St Vincent's ward office, late 1990. Look at the hats.

In the plaster room with Sister Christine, the Out Patients Sister.

Chapter 7

A year away.

Southlands Hospital, Shoreham By Sea, 1991 -1992.

I suppose I thought Shoreham by Sea would be like Scarborough all over again. In fact, it was closer to the atmosphere of East London but with the barrier of the South Downs in place to prevent excess urbanisation. When I tell people about this time in my life I say I lived in Brighton which is easy to understand. In reality, I lived in a continuum between Brighton, Portslade, Shoreham and Worthing, with accommodation in Shoreham and Portslade, this area being so contiguous as to be thought of together. Each place had its own merits, Worthing being classy, Brighton being funky and Portslade and Hove being where you generally hung out. You could also easily walk up onto the Downs for a country feel.

Southlands Hospital, Shoreham by Sea in 1991.

Southlands Hospital where I worked was a strange hospital in that while modern, it had the demeanour of an old workhouse. It had ancestry in the workhouse system historically but it was curious how it could bring that atmosphere into such a completely modern building. Trauma orthopaedic patients had to be brought in by ambulance from Worthing Hospital Accident and Emergency Department as the hospital had no Accident Unit of its own, an unusual arrangement. It did mean that all the orthopaedic services for the Health Authority could be based in one site, so this meant three orthopaedic wards, all on one floor. On paper, this was a good environment for me as a newly qualified orthopaedic specialist nurse but it was never going to compare to St. Vincent's Hospital for quality and charm.

The junior staff were normal and pleasant but a lot of the senior staff were cliquey and judgemental, itching to stab you

in the back, so it was often a toxic environment. This may be a throwback to the workhouse heritage of the building. All the male staff except myself and one Senior Staff Nurse were gay which again was peculiar. There is a public perception of all male nurses being gay or effeminate but this is just prejudice, it is not the case, *except in Brighton*. There was a real gay culture there because some were camp, some were not at all camp, some were in relationships so everyone was different yet formed a sort of group which I had not come across before. In Scarborough, we had had one gay Enrolled Nurse come and live at Cross Lane Hospital with us, but he found Scarborough boring and ended up going back to Leeds.

I worked for a while on the elective ward and then transferred to the trauma ward for the experience. I obtained my ENB 998 Teaching and Assessing qualification here which was a big deal at the time and found I enjoyed working with the students. Moves were afoot at the time to enact 'Project 2000', replacing the apprenticeship style of nurse training with university diploma-based routes. The local School of Nursing had an interesting take on this as they were trailing a new style of training which was more academic and had more school time, yet was retained within the School of Nursing system and not passed to academia. It was, I thought, really good. It is odd to think that the old apprenticeship system could have been just improved by retaining the employee benefits for the students and the work focus of the old scheme. Instead, we now have 'too posh to wash' nurses who waste large amounts of their training focusing on abstract, pious 'research', mostly for the sake of appearances. The promised raised status of academic credentials was a lie and mirrors the lie of the hospital 'improvements' of the eighties.

I looked fondly back to my orthopaedic training and started looking at returning to Hillingdon Hospital where many of my placements had been. I left Shoreham and the south coast behind and started working on Elizabeth ward at Hillingdon Hospital as a Staff Nurse, in July of 1992.

Chapter 8

Lots of stories – Places, People and Events.
Hillingdon Hospital, Uxbridge, 1992 - 2005.

The period covered in this chapter is larger than all the previous chapters combined so I have divided it into three broad sections: to start with I will discuss the layout of the building and how it changed at that time as well as in comparison to today. Next, I will discuss the hospital in terms of people I met and will finish off with some memorable events, as experienced in the context of the hospital; I will not date events unless it is helpful. While on my course at St Vincent's Hospital, I had placements throughout Hillingdon Hospital including the trauma orthopaedic ward and this is where I returned to for a permanent post. I liked the area and finally settled down there, had children, bought a house and became part of the furniture, mostly working on the same ward with many of the same people for years at a time.

Hillingdon Hospital which nowadays likes to style itself as 'The Hillingdon Hospital', claims to be in Uxbridge but is more correctly in Colham Green and more usefully nearest to Hillingdon Village, the place that provides the borough with its name. It was historically the Uxbridge Union Workhouse[1,2] but unlike other former workhouses I have discussed in this project,

it was developed into a full district general hospital and so did not display the poor attitudes of other similar institutions from my previous chapters. The hospital is centred around a large 1960s building to the south of Pield Heath Road housing most of the departments, a tower block that was historically all surgical wards, though this is not the case now and medical wards at the back in 1940s buildings. There are many other modern and less modern specialist buildings at the back of the site but I will concentrate on the tower block in this project. Much of this has changed now but this is the broad scenario at the period I am writing about.

View from the tower block of Hillingdon Hospital circa 1990, facing north-west. The old long, wooden children's wards can be seen on the right.

When the tower block was first opened in 1967, there were two

orthopaedic wards each with six, four-bedded bays and six side rooms: Drayton ward on the second floor was male orthopaedics and Elizabeth ward on the third floor was female orthopaedics. Inevitably these wards were merged and all orthopaedic patients went to Elizabeth ward. This accommodated 30 patients with male and female patients alternating in the bays to even out the nursing workload; a divisive situation which is no longer the case due to media furores in other parts of the country. The wards are nowadays split with men at the top end and women at the bottom end of the ward: jarring for staff but inevitable in the present environment where appearances matter more than practicality.

The view from my room at the nurses' home. In the background can be seen the hospital laundry which was still functional at this time.

Hillingdon Hospital had a large nurses' home at the time which I stayed in during my placements there as a student. It was a slightly different world in that the nurses' home was on the north of Pield Heath Road and was co-located with a different range of buildings, many of which were out of use even then. The nurses' home was the largest one I ever had dealings with having a large entrance lobby and hotel-like reception where your post could be sent. I had a room in the newer east wing of the building which was roomier, better appointed and had a better view than the grim older rooms of the west wing. The bed though had this collapsed sprung base and if you lay on it you would be just sleeping in a hole; I had to go searching for a wooden board to go underneath the mattress to make it useable. The best thing about the place was the washing machines which were professional-grade launderette machines, but *free* – that would never happen now. The worst things were the toilet and bathrooms which were grim, dirty and basic. The only buildings on the north side that remain from this time are the doctors' flats and the incinerator. There used to be a lot more including the hospital's sports and social club, and a couple of tennis courts.

View from the tower block of Hillingdon Hospital circa 1990. Most of the redbrick buildings in the foreground are the nurses' home: note the incinerator tower in the background and the doctors' flats on the right which are the only remaining buildings at time of writing, the rest of the site being given over to a soulless housing estate. On the far right can been seen a wide green border which contained tennis courts.

In 1998, there was a swap round of wards in the tower block. Elizabeth ward was closed to allow conversion to gynaecology outpatients; patients and staff moved wholesale for a few months to Drayton ward on the second floor being known bizarrely for a time as 'Elizabeth on Drayton ward' to try and manage the confusion. This was then followed by a permanent transfer to the top floor up on the eighth story, to Kennedy ward which was traditionally the Gynaecology ward, causing more confusion. The purpose of all this was to convert Drayton ward to a Coronary care Unit and to have Fleming ward on the fourth

floor next to a dedicated outpatient facility on Elizabeth ward below which became known as 'Elizabeth outpatients'. This is all very well but it was a lot of disruption for us and it was noted that moving orthopaedic patients to the top floor meant that in the event of a fire, the least mobile patients in the surgical block would face the most difficult evacuation.

A remarkable offshoot of this was that a visual documentary was made of the hospital as it was at the time, by way of the TV series, '*Inspector Morse'*. There is an episode of this programme specifically Series 8, Episode 3 - '*The Wench is Dead*'[3] where John Thaw's character, the eponymous inspector solves a crime from his hospital bed, nominally in the John Radcliffe Hospital in Oxford. In reality, the episode is filmed on Drayton ward, its landing and around the Accident & Emergency Department entrance which would have been very new at that time having recently been rebuilt. The story was that immediately after we transferred the orthopaedic ward from Drayton ward to Kennedy ward, Drayton was made available as a film set, filming taking about two weeks. The result is an accidental but very vivid record of the ward layouts as they were before the extensive refitting they all subsequently undertook as well as a goldmine of details generally applying to all the tower block wards. The ward and the Accident & Emergency entrance look very clean, while the landing and entrance to the ward look very open, security not being deemed necessary in those more civilised days. It is a fine visual record of the wards at that time and it is unfortunate it is blocked on YouTube in the UK by a copyright claim.

The ward sister during my time at Hillingdon Hospital was Jane Butterworth, the finest ward sister I ever worked with second only to Enid Hodgeson in Scarborough. I worked for Jane Butterworth however for ten years as a staff nurse so

her effect on my life was a lot more significant and when she left to become a lecturer at Buckinghamshire New University, the ward became significantly more unbearable. She led by presence, maybe charisma, rather than the more authoritarian techniques resorted to by many effective managers today and was unfailingly kind except for odd occasions when she would explosively put her foot down before rapidly reverting to her normal self, The daughter of a bank manager in Kent she had completed a degree in biology and nutrition before training as a nurse. She did not hold an orthopaedic nursing qualification but that was never a. problem and she gathered around her a group of experienced permanent staff who created a very stable environment. It was depressing after her move to Bucks College to see the ward deteriorate in her absence under poorer quality successors. Jane later married Sohan Bissoonauth, the long-time Hillingdon Hospital Intensive Care Unit Manager and died of a degenerative disease in 2020 at the age of sixty-one.[3]

We had very few famous patients on the ward but we did have a few because we had the village of Denham in our catchment area and that's where the film stars and rock musicians like to retire to. The most famous patient I can recall was Brian Connolly, the former lead singer of 'The Sweet' and a notoriously difficult and shallow man. He had an unpleasant and advanced form of pancreatitis and looked wizened and aged well beyond his 51 years, but still went to absurd lengths to preen his trademark, straight blond hair and quickly gained a reputation for moaning about everything and criticising the staff. He had this attentive group of hangers on including his disturbingly young girlfriend and a baby, but I could not help having very bad premonitions for their future as he was in complete denial about his prognosis. I remember him talking to me about when he was better, he would

record a new album in the basement of his mansion in Denham: this was quite delusional, he was obviously going to die shortly and his career was over though he had no insight into this. He died a few months later presumably in Wexham Park Hospital in Slough: one of the tabloids reported this with the headline '*Glam Rock : Glam Wreck*' below photos of him in his heyday and as he was when I met him. It was cruel but true though this article appears to have been scoured from the internet now in the interest of good taste. A simpler episode was when the actor Sir John Mills called to enquire about the progress of his sister-in-law, who was a patient with us. I answered the phone and he said *"This is Sir John Mills hee-arr...."*: this is certainly the grandest person I have ever spoken to.

Mostly you would just meet a lot of characters. Hillingdon was an RAF borough at the time containing as it did RAF Uxbridge, famous for the battle of Britain Bunker, RAF West Drayton, at the time the London Air Traffic Control Centre and RAF Northolt which still functions as an aerodrome. This means we would get RAF airmen as patients: they were completely normal until they met someone they perceived to be an officer when they would become these sycophantic robots spouting "yes sir, yes sir, yes sir, yes sir..." which I found really disturbing and reminiscent of trauma-based mind control. In profound contrast, I remember one elderly patient who had been a bomber pilot in World War Two and who was so defined by this fact fifty years later that his mail was addressed 'Sqn Ldr ...DFC, RAF(Rtd)' which seemed unnecessary. What was apparent though was at night he would become strangely confused, anxious and restless but be fine in the daytime. It turned out that during World War Two he was flying his second tour over Germany (one tour being thirty flights) and his bomber was shot down; he parachuted out but

was captured by the Germans and they were harsh with him. He was nineteen years old at the time. It seemed like fifty years on he was still fighting his own World War Two and this is perhaps why he could not step away from his RAF identity.

A similar feature of the borough to its RAF connection was Heathrow Airport and a key feature of the tower block was that we were perfectly positioned to watch the planes land and take off. The high spot of this was watching the 11.00am Concorde flight to New York every morning; it was so loud you could hear it and grew to recognise the sound. It was a fine looking plane though. Another feature of living close to the airport though was when HM Customs brought in drug smugglers who had swallowed condoms filled with opiates. They always came surrounded by three or four customs officers who would stay with them until they passed the drugs, but from our point of view, it was great as it was the only time that outsiders were more interested in the contents of a patient's bedpans than we were and the officers took over that job entirely. In a related episode, we had a very nice man who happened to be a drug dealer, as a patient, who would do drug deals in the car park from his wheelchair and had a tiny metal pair of scales for weighing out his little white powder. He was easy to discharge as we just rang the police when he was ready to go and they came and took him away.

In a similar way, we had Harmondsworth Detention Centre next to Heathrow Airport. This was not the 'Heathrow Immigration Removal Centre' that we have today but a much smaller and cruder building, the shell of which still exist but is at the centre of the more modern high-security developments. Clearly, they had some sort of high wall because it was noted that a few detainees came in to us with bilateral fractured calcaneums, an

injury always caused by jumping from a height. I remember one guy, his name was Friday Anefowashue (possibly a fake name): he jumped and ended up on long-term bedrest with both feet in bivalved plasters. Because the bedrest was so long, the detention centre would stop sending officers for bed watch (i.e., to stop him from escaping) as it was too expensive and nothing happened for long periods, so sometime after six weeks and before twelve weeks Friday 'disappeared'. He had clearly been in touch with his friends on the outside and they had come to get him. It was quite an ingenious escape strategy. A few other detainees tried this approach but the detention centre got wise to it and sent officers after six weeks or took them back to Harmondsworth early. The detainees were usually pleasant, though one had to have the police called for him as the three officers they sent could not control him. I don't think they sent their best officers on bed watch though.

The impinging of world and national events on the hospital was always slightly abstract. The first of these I remember was the death of Princess Diana in 1997: I was on the night shift at that time and my recollection of that event probably contrast with those who were greeted with the news in the morning as a fait accompli. My experience was much more gradual with initially just a rumour that there had been an accident, then that Dodi had died and Diana was critical before a final announcement that Diana was dead. The night sisters came up to our day room to watch events unfold, slipping out to do their work from time to time. I remember telling one of the patients, an old lady what had happened in the morning and she burst into tears saying "those poor boys" which in Harry's case certainly proved to be prophetic. Similarly, I saw the September 11, World Trade Centre attacks unfold on live TV in 2001. A man

had his TV set up inside room one next to our main desk and when the news came of the first plane going in, the BBC started streaming the view of the developing fire. I was watching this and saw the second plane go in live. I don't remember any great emotional reaction to the events, I think we were more subdued as a people back then. I can't help but feel watching these sorts of events now would lead to recommendations for staff support counselling or managers wanting to hold minute silences: back in those days there was much more of a 'keep calm and carry on' ethos.

A more relevant event was the Ladbroke Grove train crash of 1999 which was declared as a major incident at the hospital and was the largest response I ever saw to an emergency. As soon as the major incident was declared, the full response was implemented: all operations were cancelled, all clinics were cancelled, one of the wards was cleared out and patients were sent home early. I remember going downstairs and the X-ray corridor was full of radiographers lining the walls in gloves and plastic aprons. In the end, we only took three casualties- the whole response had been a massive overreaction, a fact that was covered up. To be fair, at the next major response which this time was at Heathrow Airport, they were much more graduated in their reaction so at least they had the capacity to learn from their mistakes.

The day-to-day reality of life and death though is more prosaic. Cardiac arrests were a common and memorable part of the work due to the prevalence of pulmonary embolisms as a complication of fractures. These are not like 'heart attacks' in that resuscitation is ineffective and so if someone comes around, they usually did not have a cardiac arrest at all; but they think they did. One guy who this happened to had taken too much

dihydrocodeine over a period of time and had then collapsed: we resuscitated him and he came round, convinced that we had saved his life which was true in a sense but not in the 'TV drama' understanding of such an event. Similarly, one morning I identified a young man as having compartment syndrome and had to convince the dopey staff around me that this was a medical emergency; eventually, it got to the Consultant and the young man got his fasciotomy. I saw him six months later and he was still on crutches and there was some talk that he may lose the leg anyway: this was deeply disappointing. Saving lives, and limbs, is messy, mundane and emotionally unsatisfying.

Dying was strangely easier. I remember one old lady who was dying of cancer; one night she appeared uncomfortable so I gave her morphine knowing that she was so weak that it might suppress her breathing and kill her. As it turned out, it did suppress her breathing and she died: on the face of it this was euthanasia. Euthanasia is defined as "the act of deliberately ending a person's life to relieve suffering[1]" but in this case, the pain relief was given to control pain and not to end life although it was done in full knowledge of the risks, so it was not euthanasia. Clearly, though these decisions are on a knife edge and afterwards this would be done following a policy like the now-discredited Liverpool Care Pathway. My point is, I knew the patient, I knew the family and I had the background to make a moral judgement; In the present rules and safety culture, I'm not sure nurses could make those decisions in good faith any more.

You would randomly see some very odd things in those days. I remember going down to Accident and Emergency one night to photograph a young man who had been impaled through his chest after a road accident. The wooden stake had broken the

skin and then slid on his rib cage exiting under his arm. He was just sitting there on the bed in the resuscitation room with an oxygen mask on, looking not too concerned. His mum was standing next to him and seemed to spend most of her time trying to think of calming things to say. Another time we had a man in with necrotising fasciitis, the so-called 'flesh-eating bug' who had a wound from his ankle to his buttock which took about an hour to redress. I have no idea why this man was not in Intensive Care as this was way beyond our capacity to treat him. I suspect he died eventually but I did not hear anything.

To sum up, the guiding feature of these times was the lack of micro-management, risk management and policies for everything. You had the tasks you were given and you used your training and experience to solve them as best you could. Often this was without the resources you needed but it was far more satisfying than the top-down, rules-obsessed, 'safety' obsessed system which replaced it which has taken all the satisfaction and professionalisation out of nursing and replaced it with the nurse whose guiding principle is, "I must protect my (Nursing & Midwifery Council) PIN number." In my day, these skills and experiences meant we could deal with anything.

Links:

1. The Workhouse in Uxbridge, Middlesex (workhouses.org.uk)
https://www.workhouses.org.uk/Uxbridge/

2. Lost_Hospitals_of_London (myzen.co.uk)
https://ezitis.myzen.co.uk/hillingdon.html

3. Inspector Morse S08E03 - The Wench is Dead

https://www.imdb.com/title/tt0611662/

4. Jane Bissoonauth Memorial Site
https://janebissoonauth.muchloved.com/

Chapter 9

What is to be done?

Thoughts on fixing the NHS.

I left the NHS after 2005 and worked for the private sector for seven years and then in prisons and sexual health until the end. I am not going to write about that here as those experiences could be had by anyone taking up a post as a staff nurse today. The purpose of this memoir was always to write about the NHS that was lost and that is what I have done.

This does bring us to the lessons learned in this project and how they might be applied to improve the NHS today. First of all, it is generally understood that the NHS is broken which is correct. It is often suggested that it is underfunded which is nonsense: it is more correctly mis-funded that is it is structured in a way that rather than providing the greatest good for the greatest number of people while trying to get the basics right, it is now a bureaucratic, out of control and increasingly ideological plaything which occasionally provides good care despite the system and not because of it.

It needs to be understood that the NHS is not broken due to mismanagement, incompetence or stupidity; in fact, it functions quite well by the criteria set by its 'stakeholders',

it is just that those stakeholders do not necessarily mean the people who use it. This was best demonstrated during the COVID pandemic when we were locked down to 'protect the NHS' implying that the NHS monolith was more essential that a commitment to provide the care that the nation had paid for via taxation. NHS management then created a thousand-bed 'Nightingale Hospital' at the Excel Centre in London which saw twenty-nine patients before spending millions on an unethical vaccination programme, the nature and consequences of which are beyond the scope of this memoir.

You see the purpose of the NHS is to make money within the abstract context of the 'internal market', to make money for the big pharmacy and medico-technical corporations and provide jobs for like-minded people while slowly edging the service forward to become a copy of the incredibly overpriced American system. It does this well and it is this corrupt system that needs to be dismantled.

Here are my suggestions for improving the NHS:

Reinstate Crown Immunity.

Crown Immunity was 'The legal doctrine of Crown immunity holds that unless Parliament intends otherwise, onerous legislation does not apply to the Crown.[1]' and was abolished in the 1980s leading to the stifling 'safety' culture that infests the NHS today and the phenomena of ambulance chasing lawyers. If the NHS injures you, it will also look after you for the rest of your life, there is no reason for the taxpayer to pay you millions of pounds. The greatest advocates for this are the legal profession[2] who are simply greedy, powerful and want to make an excess profit. Crown Immunity needs to return.

Remove the Internal Market.

If there is a health care need, a provision should be made

for it and managed directly by the Department of Health via appropriate regional and local structures. The practice of bidding for services on a fake market with the usually cheapest provider being awarded the contract is simply privatisation by other means and has no public support. If you asked the public if they wanted a service provided by the NHS or a private provider, they would correctly, always choose the NHS.

Remove the Marxist ethos of the NHS.

This one is tricky as the NHS benefits from a Christian ethos and historically held one yet Christianity is in decline, being replaced by managerialism and Marxist 'woke' politics. A return to at least neutrality, removes the politics, mindless authoritarianism and obsession with money and is more in line with the traditional NHS and pre-NHS values.

Return to an apprenticeship form of training for nurses.

This one is interesting as it may actually happen more due to a general increase in interest in the 'graduate apprenticeship' training model developed in other professions. I discussed what this could have looked like back in Chapter 7. The Enrolled Nurse appears to already have been reinvented as the 'Nursing Associate', also trained via an apprenticeship route.

Let ward sisters run wards again.

Present-day ward sisters are hired for their ability to suck up to their seniors rather than leadership talent. This produces poor managers who often resort to bullying or just retreat to the office. This is wrong. Ward managers should decide care and their seniors should support their decisions. If they are really not up to it they should be moved. This is what used to happen

Get the basics right.

Run what you can afford, not what you would like. Value small hospitals for care as well as big hospitals with technology.

Most of all, concentrate on getting simple tasks done well before concerning yourself with vanity projects.

None or some of these suggestions may come to pass but it's still important to state the reality of the experiences of the past as people forget or disregard the lessons very easily and that is a shame because those lessons are very instructive. This is a very curated account of my experiences and impressions, leaving out as it does a lot of personal disasters, abuse and bullying, but that is not what posterity needs to remember from this work, which is mainly just a lot of individual stories. The final takeaway from this project should be a record of a time when beauty, goodness and truth ran in the veins of the NHS and this is something that *must* be remembered.

Links:

1. Select Committee on Home Affairs and Work and Pensions First Report
https://publications.parliament.uk/pa/cm200506/cmselect/cmhaff/540/54014.htm

2. THINKING OF BRINGING BACK CROWN IMMUNITY FOR THE NHS? HERE'S WHY YOU SHOULD THINK AGAIN.
https://www.hja.net/expert-comments/blog/medical-negligence/thinking-of-bringing-back-crown-immunity-for-the-nhs-heres-why-you-should-think-again/

Online resources and further reading

For information on those Hospitals that developed from former workhouses.

The Workhouse by Peter Higginbotham
https://www.workhouses.org.uk/

For information on those closed hospitals in London.

Lost Hospitals of London
https://ezitis.myzen.co.uk/

Scottish focused hospital site with architectural focus.

Historic Hospitals by Harriet Richardson Blakeman
https://historic-hospitals.com/

Pre University Schools of Nursing information

School of Nursing
https://www.schoolsofnursing.co.uk/index.html

About the Author

Historical artefact and sometime healthcare worker, I write what I know and that is how business used to be done in the NHS in particular and health care in general. Starting in Scarborough in North Yorkshire and finishing in Hillingdon in West London, I worked for 25 years as an orthopaedic nurse and 9 years in prisons, sexual health and substance misuse before resigning my nursing registration in 2022 in dismay at the collapse of the profession. I may not be a great writer but I think I've had an interesting life and I have used my time to record my stories and publish them on the internet so they are available to that niche audience which might value such an oral history.

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